

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722636

1. Entity Name

FISHERS OF MEN, INC.

Principal Place of Business

Mailing Address

307 HWY 98 E  
DESTIN FL 32541  
US

P.O. BOX 338  
DESTIN FL 32540-0338

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7152930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWMAN, RAYMOND F. JR.  
348 MIRACLE STRIP PARKWAY, SW  
SUITE 7  
FT WALTON BEACH FL 32548

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS SANSOM, JERRY  
CITY-ST-ZIP 1534 OAKSHORE DR  
GULF BREEZE FL 32561

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MOORE, BETTY  
CITY-ST-ZIP 427 CALHOUN AVE  
DESTIN FL 32541

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME T  
STREET ADDRESS BUSH, DAVID  
CITY-ST-ZIP 4 CHICKAMAUGA LN  
DESTIN FL 32541

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS ATCHLEY, CAROL  
CITY-ST-ZIP 484 BAYSHORE DR  
DESTIN FL 32541

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS FRASER, KEN  
CITY-ST-ZIP 70 DRISCOLL DR  
SANTA ROSA BEACH FL 32459

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HESSE, MICHAEL  
CITY-ST-ZIP 504 MAIN ST  
DESTIN FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2000  
Date

850-837-6324  
Daytime Phone #

CR2E037 (9/99)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**  
01-12-2000 90070 004 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE